

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000089078

Entity Name: MIAMI CARDIAC AND VASCULAR INSTITUTE MANAGEMENT COMPANY, LLC

FILED
Mar 24, 2023
Secretary of State
9323134143CC

Current Principal Place of Business:

1500 SAN REMO AVENUE
CORAL GABLES, FL 33146

Current Mailing Address:

1500 SAN REMO AVENUE
CORAL GABLES, FL 33146 US

FEI Number: 47-4128811

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATON SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name MELVIN, CAROL
Address 1500 SAN REMO AVENUE
City-State-Zip: CORAL GABLES FL 33146

Title MANAGER
Name COELLO , ABILIO DR.
Address 1500 SAN REMO AVENUE
City-State-Zip: CORAL GABLES FL 33146

Title MANAGER
Name POWELL, ALEX DR.
Address 1500 SAN REMO AVENUE
City-State-Zip: CORAL GABLES FL 33146

Title MANAGER
Name KRAUTHAMER, DAN DR.
Address 1500 SAN REMO AVENUE
City-State-Zip: CORAL GABLES FL 33146

Title MANAGER
Name MARTEL, JOSE A DR.
Address 1500 SAN REMO AVENUE
City-State-Zip: CORAL GABLES FL 33146

Title MANAGER
Name PENA, CONSTANTINO DR.
Address 1500 SAN REMO AVENUE
City-State-Zip: CORAL GABLES FL 33146

Title MANAGER
Name ALDRICH, HARRY DR.
Address 1500 SAN REMO AVENUE
City-State-Zip: CORAL GABLES FL 33146

Title MANAGER
Name WATCH, LIBBY DR.
Address 1500 SAN REMO AVENUE
City-State-Zip: CORAL GABLES FL 33146

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROL MELVIN

MGR

03/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name BARCENA, JULIO DR.
Address 1500 SAN REMO AVENUE
City-State-Zip: CORAL GABLES FL 33146

Title MANAGER
Name CURY, RICARDO DR.
Address 1500 SAN REMO AVENUE
City-State-Zip: CORAL GABLES FL 33146

Title MANAGER
Name JIMENEZ, JAVIER MD
Address 1500 SAN REMO AVENUE
City-State-Zip: CORAL GABLES FL 33146